# THE HAMPDEN HIPPOCRAT

The Hampden District Medical Society Newsletter

WINTER 2001 VOLUME 6



## President's message:

**"We have met the enemy and they are us."**
**-Pogo**

I wish I could say there have been great advances in healthcare reform. I wish I could say a patient bill of rights has been instituted, and that restrictive regulations and red tape have decreased. I wish I could say there has been an increase, or at least stability, in the level of reimbursement schedules.

But I can't.

Over many years, medical practitioners have allowed insurance companies, HMOs, and the government to usurp too much control of patient care. Our downfall comes in the form of mountains of paperwork, redundant guidelines, a continuing slide in reimbursements, and submitting to pre-approval for testing, medications and procedures. As a result, we are at the dawn of a new era, but it is not an optimistic one. And it has just gotten worse.

The Massachusetts budget for 2002 removes the provision for crossover payments for patients with both Medicare and Medicaid. This means that the significant deficit for reimbursement from Medicare is no longer abated (note it was not absolved) by Medicaid contributions.

While it may not seem this change will affect every physician and patient in the Commonwealth, it does. Although not all physicians have a large, dually insured patient population, some do. The economic strain on these practices could easily cause them to reject these insurance products or even go out of business. These patients must then attempt to seek care with other practices. Effectively, the decrease in providers will put a further strain on access to healthcare to all other patients, regardless of insurance. It is the classic domino effect.

To make problems worse, the federal budget for 2002 institutes a 5.4% decrease in Medicare and Medicaid reimbursements. These are rollbacks in fees that are already disastrously low and archaic. In Massachusetts, Medicaid fees for many patients have not been increased since 1991 – and now they will be decreased. These rollbacks occur in the environment of the specter of an unforgiving and aggressive campaign against Medicare fraud – in a system that has more regulations and requirements than the Federal Tax Codes.

Remember that other insurance companies and HMOs use Medicare reimbursement as the base for calculating their own schedules. Logically then, they will likely follow suit and reduce their payments proportionally.

These cutbacks come at a time when physician practices in Massachusetts hold, at best, a tenuous grasp on solvency. According to the Massachusetts Medical Society's study *Critical Condition: Physician Practices and the Future of Massachusetts Healthcare,* reimbursement for physician practices has consistently decreased since 1997. Other reports place Massachusetts lowest of the fifty states in medical reimbursements. All this while operating costs rise relentlessly. In 1998, the average physician practice in Massachusetts suffered a 29% rise in operating costs.

*The Massachusetts Medical Society Practice Environment Index Report* was created to statistically quantify the "specific factors that shape the overall environment in which the Massachusetts physician provides patient care". Since 1992, the benchmark date, the index has shown a continuous decline. The year 2000 showed the highest yearly drop ever: 7.2%. This fact is manifest in a number of well-publicized practice closings in the state over the past two years. These closings found hundreds of patients scrambling to find new physicians, and left several physicians without a practice.

Consider the amount of time and effort both you and your staff devote to insurance related tasks. We are asked to fill out referrals, to pre-certify for tests and procedures, to send copies of office and operative notes, to fill out disability forms, submit appeals for non-formulary medications, and to attend to countless other tasks. Failure to comply with any of these can result in a patient's loss of healthcare or a failure of reimbursement.

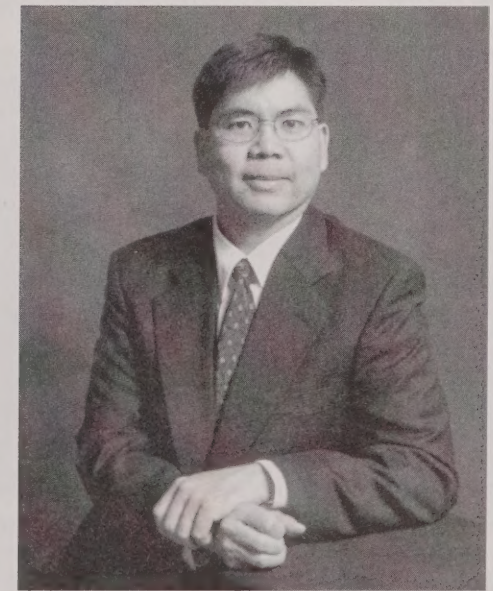
Think about the other costs incurred in maintaining a medical practice: staff salaries and benefits, malpractice and office insurance, rent, license fees, DEA registration fees, professional society dues, continuing medical education expenses, hospital staff dues, postage, office equipment, medical equipment and supplies, accounting costs, in office laboratory registration fees, medical waste disposal, cleaning costs. The list goes on and on. Except in rare instances, none of these costs has decreased over the past years.

The practice of medicine has fixed costs. Even when reimbursements are decreased, the bills must still be paid. If not, the practice will close. This has happened to dozens of Massachusetts hospitals and nursing homes. To balance the fixed costs, the variable must be changed - more patients must be seen. Medical care is forced to become a volume driven business. More patients, less time.

Patients are already concerned that they don't spend enough time with their physicians. They already are waiting too long for appointments and often find practices closed to new patients. Things can get worse.

As more physicians take early retirement, leave the state for other areas, or just go out of business, the remaining practices will have to provide care to the displaced patients. Even more patients, even less time. How will this allow us to appropriately and efficiently utilize our clinical skills and technological testing? What happens to caring and compassion when it is put on the time clock?

*(Continued, President's Message, page 3)*



*James K. Wang, M.D., President 2001-2002*

**The Officers and Members of**
**The Hampden District Medical Society gratefully acknowledge contributions from our members and the general public toward the *"World Trade Center & Pentagon Relief Fund".***
**$28,785.71 has been generously donated to the fund.**
**Should you wish to make a contribution, please mail your check directly to the fund of your choice as the District is no longer accepting donations.**
**The following funds received District checks:**

*Survivor's Fund-Community Foundation*
*1112 16th Street, NW, Suite 340*
*Washington, DC 20036*

*Robin Hood Fund*
*1211 Avenue of the America's, 18th Floor*
*New York, 10036*

*The Children's Aid Society*
*Cathy White O'Rourke*
*105 East 22nd Street, Room 504*
*New York, NY 10010*

*World Trade Center Port Authority Memorial Fund*
*241 Erie Street, Room 313*
*Jersey City, New Jersey 07310*

**********

## HDMS Sponsored Activities

### District Meetings

***HDMS Winter District Meeting***
Tuesday, January 22, 2002, 6:30 p.m.
Best Western Sovereign Hotel, West Springfield
Yank D. Coble, Jr, MD, President-Elect of the AMA
***Grand Rounds* with Yank D. Coble,Jr, M.D., AMA President Elect**
Wednesday, January 23, 2002, 11:00 a.m., Baystate Medical Center
***Kiwanis Club Luncheon***
Wednesday, January 23, 2002, 12:00 Noon, Storrowtown Tavern

***HDMS Annual Meeting***
Tuesday May 14, 2002, 6:30 p.m.
Delaney House

### District Programs

***Medico-Legal Forum***
Tuesday, March 5, 2002, The Delaney Banquet House
"Class Action Against HMO: Pros and Cons"

***Doctors' Appreciation Day***
Saturday, March 30, 2002, Mercy Medical Center

***High School Doctor for a Day***
Thursday, April 11, 2002

***HDMS Legislative Breakfast***
Friday, April 12, 2002, Mercy Medical Center

### House of Delegates Meetings

Annual Meeting, May 30 & 31, 2002
The Seaport Hotel, Boston
Resolution Deadline - April 15, 2002
Late-File Resolution Deadline - May 20, 2002
Delegates Handbook Mailed - May 10, 2002

### Board of Trustees

February 6, 2002, March 13, 2002, April 10, 2002

Suzanne Skibinski, *Executive Director*
Rosanna Czermak, *Administrative Assistant*

**OFFICERS:**
James K. Wang, *President*
Dennis S. Gordan, *President-Elect*
Stephen A. Metz, *Vice President*
Heather Z. Sankey, *Secretary*
Maura Jo Brennan, *Treasurer*
Julia Gates, *Assistant Secretary*

**EXECUTIVE OFFICERS:**
James K. Wang
Dennis S. Gordan
Heather Sankey
Richard P. Anderson
Zubeena Mateen
Alicia O.M. Ross
Maura Jo Brennan
John R.S. Remsberg
K.V.R. Mohan Rao
Stephen A. Metz
Julia Gates
Matthew B. Mandel
Mark J. Mullan
Claudia L. Koppelman
Francis Murray
Michael A. Dias

**CHAIRPERSON OF COMMITTEES:**
John R.S. Remsberg, Stephen V. Klein, *Auditing*
Mark M. Sherman, *By-Laws*
Philip B. Stoddard, *Nominating*
Robert V. Chircop, *Membership*
H. Douglas Barnshaw, *Acting Chair, Public Health*
Mark J. Mullan, *Medico-Legal Affairs*
Stephen A. Metz, *Legislative*
Winthrop Whitcomb, *Medico-Religious Affair*
Bernard Bloom, *Scholarship*
Dennis S. Gordan, *Tax Supported Medical Care*

**DELEGATES:**
Richard P. Anderson
Augusto G. Asinas
Maura Jo Brennan
Richard R. Forest
Julia Gates
Stanley Glasser
Daniel P. George
Dennis S. Gordan
Stephen V. Hall
George Hartnell
Sa muel Hellerman
Jeffrey L Kaufman
Francis D. Horrigan
Claudia L. Koppelman
Matthew B. Mandel
Zubeena M. Mateen
Stephen A Metz
Maria E. Moutinho
Mark J. Mullan
Sarah H. Mullan
Kollegal S. Murthy
Francis J. Riley
K.V.R. Mohan Rao
Alicia O.M. Ross
Heather Z. Sankey
Jill L. Studley
Walter F. Tauber
Murray Watnick

**EX-OFFICIO:**
James J. Siragusa, Jr. *MMS Past President*
James K Wang

**HIPPOCRAT NEWSLETTER EDITOR:** Dennis S. Gordan, M.D.

**********

### LETTERS POLICY

Letters to the editor should be approximately 250 words or less, preferably typed in Word and on a disk. Please provide the full name and address of the writer along with a signature for verification. The paper copy of the letter must be enclosed. All letters are subject to editing.

Please **mail** them to: **The Hampden Hippocrat**
**1111 Elm Street, Suite 22**
**West Springfield, MA 01089**

Or **e-mail** to: **Hampden@massmed.org** **Fax: 413-731-8990**

The "Hampden Hippocrat Newsletter" is the news organ of the Hampden District Medical Society and the forum for sharing information and opinions amongst the members, for whom it is being created. Any article printed expresses the opinion of the author and should not be construed to imply endorsement by the HDMS.

*(President's Message, continued from page 1)*

Our patients must also endure the changes that this trend will bring. Unfortunately for them, it could result in a diminution in access and quality of medical care.

It is a grim time for the practice of medicine. The nation's focus is on national security against terrorists. This is a time where we cannot afford to forget about the medical system of this state, or this country. It is an even more critical time for the medical profession to stand in defense of our patients. The nation's health is at risk, less so from the threat of terrorist attacks, but more from the deterioration of its healthcare system.

Is it too late to change things? It may well be. Yet we can't say we didn't see it coming. For years, medical activists have warned of the tightening noose, but most of us did nothing. Now it is critical that every physician takes an active role in the preservation of medicine and our healthcare system. To learn new knowledge, skills, and technology in the care of our patients is not enough.

Instead, we must devote time to the organizations and medical societies that are fighting for patient and physician rights. We must find the extra time to research issues and call and recruit colleagues. We need to take the effort to call or write elected representatives, be they in the medical societies or government, and tell them of the obstacles we face. We should spend a few extra minutes with patients to explain the intricacies of healthcare. We must educate them about the system as we would about an illness; after all, like disease, it can have a tremendous impact on their health. We all need to increase our involvement in maintaining healthcare delivery and in improving the medical environment.

Become active.

If we don't, we can only blame ourselves.

**********

## Long Term Care Insurance...Is it time?

By John A. Doyle, CLTC

Physicians Insurance Association of Massachusetts (PIAM) decided a number of years ago to add a long term care insurance program to the portfolio of specialized and discounted insurance programs available to Mass Medical Society members. At the time, the topic of long term health care was beginning to get the attention of many planners and concerned individuals. The thinking initially however, was that the government would enact some type of comprehensive plan eliminating this "new" risk. Most reacted not by purchasing coverage, but by taking a wait and see approach.

Well a lot has changed over the past few years. Most planners today have come to realize that long term care is a risk that needs to be considered when establishing a financial plan. The government has clearly sent a message: it doesn't intend to be the primary payer of long term care costs.

Medicare recipients have seen dramatic cuts in home and facility based care. Medicaid is challenging virtually all forms of "planning" intended for the artificial "spend-down" of assets. Congress, taking the "carrot" approach, has established tax incentives for corporations and individuals to spur interest in the purchase of private long term care insurance. Creation of Federal standards have insured quality policy designs. The message: long term healthcare is something you plan for.

The long term care insurance plans available through the Massachusetts Medical Society are available from A+ rated companies at significantly discounted premiums. The plans provide for the full continuum of care (i.e. personal care, home health care, assisted care living facilities, nursing homes) and can be designed to meet any number of planning strategies. For more information contact Barbara Lawrence of PIAM at 800/522-7426 or email at Blawrence@mms.org

*John A. Doyle, CLTC, is the Retail Marketing Manager for Advanced Resources Marketing, the LTC agency representing the Massachusetts Medical Society – endorsed long term care insurance program.*

## *Seventeenth Annual Medical Ethics Seminar*

## "Ethical Considerations in Healthcare Policy"

*Winthrop F. Whitcomb, M.D., Medico-Religious Committee Chair and Senator Richard T. Moore, Senate Healthcare Committee Chair, The Commonwealth of Massachusetts*

The Seventeenth Annual Medical Ethics Seminar, entitled, "Ethical Considerations in Healthcare Policy" was held at Mercy Medical Center, in the Deliso Conference Center on Monday, October 22, 2001. Over one hundred and sixty people attended the program which was conducted from 6:30 p.m. to 9:30 p.m. that evening.

This was the first year that Hampden District Medical Society members attended free of charge. On October 3, 2001, the HDMS Executive Board voted to add this privilege to member benefits.

Senator Richard T. Moore, Chair of the Senate Health Committee for the Commonwealth of Massachusetts, was the keynote speaker. Panelists included: Alex Calcagno, Director of Government Relations for the Massachusetts Medical Society, Elizabeth Hennerman, RN, Assistant Clinical Professor at the University of Massachusetts School of Nursing, and Stephen J. Playe, M.D., Residency Program Director at Baystate Medical Center and Assistant Professor at Tufts University School of Medicine. Robert Simpson, DSW, Chief Operating Officer of the Sisters of Providence Health System Behavioral Health Network, served as moderator for the panel.

The program informed attendees of key issues affecting access, affordability and quality of healthcare services, explained the role of ethics in the creation and implementation of healthcare policy, and described the ethical ramifications of selected public health challenges in Massachusetts.

Educational credits were offered to physicians, nurses, nursing home administrators, and social workers.

*Robert Simpson, DSW, Chief Operating Officer, Sisters of Providence Health Network, Alex Calcagno, MMS Director of Government Relations, Senator Richard T. Moore, Winthrop F. Whitcomb, M.D., Stephen J. Playe, M.D., Residency Program Director, Baystate Medical Center*

## HIGH SCHOOL DOCTOR FOR A DAY PROGRAM

The High School Doctor for a Day Program is an educational opportunity designed to provide a mentoring experience, for serious high school students who are science oriented, during their critical decision-making years.

By participating in this program, students will have an opportunity to witness the practice of medicine and to observe the successful physicians who will be their mentors.

The program is designed to assist young people, especially those who have expressed an interest in medicine, to have an inside look into the complex health-care environment.

If you would be interested in mentoring a high school student on Thursday, April 11, 2002:
Please fill out the form below and

Mail to: Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089
Or Fax: 413-731-8990
Or e-mail information to:
Hampden@massmed.org

High School Doctor for a Day Program
Thursday, April 11, 2002
Mercy Medical Center

Name:_____

Address_____

_____

Home Phone#_____

Office Phone#_____

**********

## "MMS CALL FOR NOMINATIONS"

The Committee on Nominations is currently considering candidates for nomination for the following offices:
President Elect
Vice President
Secretary-Treasurer
Assistant Secretary Treasurer
Speaker
Vice Speaker
If you and/or one of your colleagues would like to be considered for nomination for one of these offices, please contact the HDMS office for information at **736-0661**.

## *Past Presidents, Members Take Note...*

# *Scholarship Drive:*

**HDMS University Arm Chair**
**Or**
**HDMS Boston Rocker**
**$330.00 Total includes shipping.**

***The cost of each chair includes a tax-deductible gift of $50 for the HDMS Scholarship Fund.***

**Use form below and mail with check made out to HDMS.**
**Send to:**
**Hampden District Medical Society**
**1111 Elm Street, Suite 22**
**West Springfield, MA 01089**

Ship to:

Phone # (required)
Home_____Office_____

Fax#_____

Name_____

Address_____

_____

☐Boston Rocker ☐Captain's Chair

***Sorry, no phone, fax, or credit card orders.***

***Choose a laser engraved HDMS ensignia, black solid maple hardwood Boston rocker or captain's chair (with arms & crown in a cherry finish), brass plate with name on back of chair..***

## A Message from Dr. Frank Lahey

President of the American Medical Association

Regarding a proposed Hampden District Medical Society Hippocrat, I am writing to tell you that I think that it is an excellent thing. It serves a very good purpose in keeping the members of the District informed of what is going on, it keeps up their interest in the Society, and in addition to that it makes possible the thing which is now so necessary. If ever there was a time when it is necessary for medicine to be organized united and informed it is now. It is necessary in terms of criticism of medicine, unjustifiably, I believe, but nevertheless the criticism is there. It is necessary particularly in view of this in terms of medicine acquitting itself well in terms of national needs.

I have recently returned from Wyoming, Idaho and Oregon and it is my conviction that everywhere organized medicine is very conscious of its responsibility and is doing a very excellent piece of work. If I could be as sure that the country in general is aware of its obligations and assuming adequately its responsibilities, I would feel better than I do about the present situation.

I believe that such an agency as this would bring your District closer together in times of peace and in these times, which could hardly be described as those of peace, would be even more desirable and helpful.

Sincerely yours,

**FRANK LAHEY**

**********

The Hampden Hippocrat

**VOLUME 1** **MARCH, 1942**

**GUEST EDITORIAL**

## DR. GEORGE L. SCHADT

President –Elect, Massachusetts Medical Society

I have been honored in being invited to write this brief statement for inclusion in the first number of the Hampden Medical Hippocrat.

Volume 1, No. 1 of the Hampden Medical Hippocrat appears before you today as the official organ of the Hampden County District Medical Society. It seems to me that our District Society is to be especially congratulated that we have the vision, the initiative and the ability to overcome all obstacles-and may I say there were many inaugurating such an enterprise.

The primary idea behind the publication of the Hampden Hippocrat is not, as I understand it, the presentation of medical papers but rather the presentation of news items having to do with the individual members of the District Society and the District Society itself; news items from the various medical clubs and associations throughout Hampden county; and news from the various hospitals and other medical institutions in our District.

The Hampden Hippocrat will also serve as a medium through which the members of the District Society and all other physicians in the various cities and towns in the District will become better acquainted and, therefore, more conversant with the viewpoints of one another.

It is also my hope that abstracts of the various meetings of the Council of the State Society will be published so that the members may be kept abreast of what the Council is doing for them and for the advancement of medical science.

In conclusion, may I wish Bon Voyage to the Hampden Medical Hippocrat and to those gentlemen who will have its future in its charge. Knowing them I am confident that we may all look forward with considerable pride to the development of this-our Hampden Hippocrat.

## A Message from the Executive Director

This "Newsletter" represents the completion of 60 years of publication of our "Hampden Hippocrat". With this in mind, I went back to the first issue of the Hampden Hippocrat that was published three months after the Japanese bombed Pearl Harbor on December 7, 1941.

While the rubble of the World Trade Center continues to smolder, and bombs fall on Afghanistan, the following excepts from articles written by the President-Elect of the MMS and the President of the AMA that appeared in the "first" Hampden Hippocrat, dated, March 1942, are still timely and relevant. The spirit of our Hippocrat founders feels as right now as it did then; the notion that medicine and the HDMS has its own role to play, even in not the best of times. Our recently completed solicitation of donations with regard to the September 11, Attack and our Bioterrorism program are evidence of that.

Suzanne Skibinski, Executive Director
Hampden District Medical Society

**********

**Do Not Be Afraid**

*By: Claire Niziankiewicz*

*Do not be afraid for the words you just hear*
*That you have been afflicted with "breast cancer"*
*Can scare the life out of you.*

*Do not be afraid…*
*Have your cry now little one*
*Don't say, "Why me!"*

*Do not be afraid…or angry*
*For this illness is only temporary*
*If you let it*

*Do not be afraid…*
*Go tell your family and friends*
*Trust in them for they will be there for you*
*For life is very beautiful*
*They do not want to lose you*

*Do not be afraid…*
*You can do it if you try*
*You will survive*

*Do not be afraid…*
*Have faith in the almighty and yourself*
*Lean on your family, friends and strangers alike*
*All are so wonderful you will be surprised*
*If you give it a try*

*Do not be afraid…*
*Cures are happening everyday*
*Think positive*
*Have a good attitude*

*Do not be afraid…*
*A new day is only a short distance away*
*You will arise with the sun shining down you*
*For a bright beautiful day*
*Cause everything in life is so beautiful*
*In its own way*

*"I am a Cancer Survivor"*

*This poem was written by a friend's sister who is in the process of composing a song to the words. She is an inspiration to all that know her.*

*Suzanne Skibinski*
*Executive Director*

# Carl E. Reiner, M.D.

## 2001 Hampden District Medical Society Oliver Wendell Holmes, M.D. Stethoscope Award" Recipient!

*Dr. and Mrs. Carl E. Reiner*

Carl E. Reiner, M.D. was awarded the "2001 Hampden District Medical Society Oliver Wendell Holmes, M.D. Stethoscope Award" at the September District Meeting.
Michael Dias, M.D., colleague of Dr. Reiner's, made the announcement and presented Dr. Reiner with a sterling silver engraved tray from the Society. Doctor Dias is quoted as saying, " Doctor Reiner has served with compassion to all his patients. He has provided care to generations of patients in the Hampden District. He donates his time to children at the Shriners' Hospital and to the homeless through the assistance program, Rachel's Table. Doctor Reiner provides support for the Baystate Medical Education program, Jewish Nursing Home, and United Jewish Appeal."

Dr. Reiner is in practice with Ear, Nose, and Throat Associates of Springfield, Inc.

*Dr. Carl E. Reiner with associates, Dr. Jerry Schreibstein and Dr. Michael Dias.*

**Congratulations, Dr. Reiner!**

# Weaving a Regional Web: Substance Abuse Prevention and Recovery for Our Youth: Juvenile Justice, Education and Treatment

*James K. Wang, M.D., HDMS President and Howard K. Koh, M.D., Massachusetts DPH Commissioner*

On Friday, October 12, 2001, a conference was held from 8:30 a.m. - 3:00 p.m. on substance abuse at Westfield State College. Howard K. Koh, M.D. was the keynote speaker. Representative Cele Hahn spoke during the luncheon. Panelists were: Jason A. (youth representative), Floyd Ashlaw, LICSW (DMH), William M. Bennett (Hampden County D.A.), John Bynoe (DOE), Jennifer Coupe (DSS), Peter Crumb (President of WMSSACA), LeeAnn Jacobs (DMA), Deborah Klein Walker (Assistant Commissioner of MA DPH), Diane Kurtz (Western MA Parent Support Group, MOAR member), the Honorable Lillian Miranda (1st Justice Hampshire/Franklin County Juv. Court), Richard Rombeletti (DYS), and Laurie Turkovsky (Greater Western MA Prevention Center).
The program highlighted the importance of community partnerships by bringing policymakers, social service providers, educators, judges, community leaders, and people in recovery and their families and friends together. It focused on building community-based strategic prevention and intervention measures to enhance protective factors for our youth in order to build coordinated efforts toward early intervention and treatment for more youth-centered, user-friendly, and cost effective solutions.
The conference identified available youth and family substance abuse services within the Western Massachusetts region and provided information on advocacy groups available and the stategies for effecting positive changes in policies and services involving youth substance abuse.

## *Fall District Meeting*
## "Creating a Culture of Service Excellence"

On Tuesday, September 25, 2001, 157 physicians and office staff personnel attended the Hampden District Medical Society District Meeting at the Log Cabin Banquet and Meeting House.

Susan Keane Baker, author and educator, presented "Creating a Culture of Service Excellence" which offered 1.5 credits in risk management study for physicians. Suggestions were offered to improve the relationship between patients and office staff for higher quality customer service. The program was co-sponsored by the Massachusetts Medical Society.

James K. Wang, M.D., District President, welcomed Francis X. Rockett, M.D., President of the Massachusetts Medical Society. Doctor Rockett provided information on State Society activities and was presented a Hampden District Medical Society golf shirt with an embroidered HDMS emblem by Doctor Wang.

The Second Annual District "Dr. Oliver Wendall Holmes Stethoscope Award" was presented to Carl E. Reiner, M.D. by his colleague, Michael Diaz, M.D. Doctor Reiner recieved an engraved sterling silver tray in recognition of his career in medicine, from the District Medical Society.

New members were introduced and presented membership certificates to the Society by Doctor Wang.

*Susan K. Baker, Keynote Speaker and James K. Wang, M.D., HDMS President*

*Francis X. Rockett, M.D., MMS President, accepts a golf shirt with HDMS logo.*

*Richard Anderson, M.D. and staff.*

*Stephen V. Hall, M.D. and Matthew B. Mandel, M.D., colleagues, enjoying a light moment.*

## Conference on Bioterrorism

*Conversing are: Carol Rauch, M.D., Chief Division of Clinical Pathology, James, Wang, M.D., President and Helen Caulton Harris, Director of the Springfield Department of Health & Humanservices.*

On December 12, Hampden District Medical Society and Baystate Medical Center Office of Continuing Education sponsored Bioterrorism in the Office: What Every Clinician Must Know. Nearly 200 physicians, physician assistants, nurse practitioners, midwives, nurses, social workers, and other medical personnel attended the day-long conference.

A significant amount of planning and preparedness for possible bioterrorism has focused on emergency room and hospital settings. Given today's climate of managed care, many physician offices may be the initial contact for the first victims of a biological attack. Additionally, initial cases may present in any healthcare setting, including school infirmaries. This program focused on the aspects of biological warfare in the community setting.

Harold Sanchez, M.D., presented an historical review showing that the concept and exploitation of biological warfare is neither new nor novel. It has been modern technology that has refined it to the ability to create massive casualties.

Helen Caulton Harris, Director of the Springfield Department of Health and Human Services, discussed the local public health system and the actions and mechanisms that have been developed and are being refined in response to the recent public concerns with anthrax.

Special Agent Joseph Parage of the Federal Bureau of Investigation updated registrants about the real and present danger the nation faces from biological and chemical attack. It appears the threat is possibly greater and closer to home than many thought.

Steven Fischel, M.D., Ph.D., explained the reaction that people and communities face in response to terrorist attacks and the threat of biological warfare. He reviewed coping mechanisms, how to respond to and care for patients dealing with fear and traumatic stress, and how to address the issue of terrorism with children.

Carol Rauch, M.D., Ph.D., presented an overview of the biological agents most likely to be used. Despite the media focus on anthrax and small pox, botulism, tularemia, hemorrhagic virus, and yersinia (plague) are in the armamentarium of biological weapons.

Robert Hoffman, M.D., reviewed a clinically based approach to potential biological agents. Through case studies, he accentuated the differences between the clinical presentation of chicken pox and small pox.

Jeffrey Arnold, M.D., summarized the issues related to bioterrorism and discussed some of the strategies that have been used or need to be developed in the management of possible or real attacks. As an international advisor on terrorism, Dr. Arnold reviewed an overall perspective in managing terrorist events.

Though the scope of the course was extensive, it was by no means exhaustive. There continues to be a real need to develop the infrastructure of the public health system and the medical community, to enable responses not only to terrorist actions, but also natural disasters or epidemics.

**RESOURCES AVAILABLE THAT ADDRESS QUESTIONS AND CONCERNS ABOUT BIOTERRORISM, EMERGENCY RESPONSE, AND HEALTH ARE LISTED BELOW.**

### *Hot Line Phone Numbers:*

***Center for Disease Control: 770-488-7100***

***MA Dept. of Health, Division of Epidemiology: 617-983-6800***

### *Web Sites:*

***MA Department of Public Health*** http://www.state.ma.us/dph

*The Massachusetts Hospital Association* http://www.mhalink.org

*The Massachusetts Medical Society* http://www.massmed.org

*The Boston Public Health Com.* http://www.bphc.org

*MA Emergency Mgmt Agency* http://www.state.ma.us/mema

*MA Dept of Fire Services* http://www.state.ma.us/dfs

*FBI* http://w//ww.fbi.gov

*US Postal Service* http://www.usps.com

*CDC* http://www.cdc.gov http://www.bt.cdc.org

*American Red Cross* **http://www.redcross.org/services/disaster/keepsafe/unexpected.html**

*John Hopkins Center for Civilian Biodefense Studies*: http:// www.hopkins-biodefense.org

*APIC (Association for Professional in Infection Control And Epidemiology:* http://www.apic.org

*Bioterrorism Readiness Plan: A Template for Healthcare Facilities*: **www.cdc.gov/ncidod/diseases/bioterr.htm**

*CDC: Live distance learning programs to help physicians and other health care workers get the latest information on emerging bioterrorism:*
**http://www.ama-assn.org/ama/pub/article/1987-5588.html#1**

**********

## An Invitation to join us...
## The HDMS Public Health Committee

**wishes to extend an invitation to HDMS members to join their committee which meets approximately seven times over the year, on the second Tuesday of the month at 12:00 noon. Lunch is served and the meeting lasts for one hour.**

The committee provides advice and counsels on matters related to public health, specifically to include epidemiology, communicable diseases, health in industry, the environment, prisons, mental health and drugs.

The purpose of this Committee is to foster the knowledge of the prevention and treatment of disease by any appropriate measures in the field of public health including matters related to health industry and the environment.

**Please call the Society office at *413-736-0661*, should you wish to join this Committee in its quest to service public needs.**

## Hampden District: What is its Future? 1840-2002

For several years, the Massachusetts Medical Society has been compiling information on the districts regarding their current role within the Society. As an example of this, in May, 2001, and again in July, 2001 a questionnaire was sent by the Massachusetts Medical Society to all members soliciting information on the value of the districts, services and support provided by the MMS to the districts, services that the districts offer to members, etc. Unfortunately, there were only 1600 responses of nearly 17,000 members. From those responses, the survey results indicated that replying members do not know what their district's function is or what it has to offer. This finding resulted in the Board of Trustees appointing a Task Force on districts at its June 13, 2001 meeting.

On August 27, 2001, Dr. Brenda Richardson, MMS Chair of the District Leadership Council/Task Force on districts, sent a memorandum to district presidents asking for information regarding the operation of each district. She also established regional subgroups that have and will continue to meet to discuss the unique characteristics and value of each district. Recommendations will be presented at the House of Delegates Annual Meeting, May 31, 2002.

The following is an overview of Hampden's function and what your Society has to offer:

- Membership levels remain high as the District continues to function on a proactive basis. The Society, in existence since the year 1840, is structured with a governing body comprised of an elected board of officers and an Executive Committee comprised of members appointed from the general membership.
- The Hampden Hippocrat Newsletter is the news median of the Society and is in its 60th year of publication.
- District member committees include the Public Health Committee, Hassle Factor Committee, Medico-Legal Committee, Legislative Affairs Committee, Medico-Religious Affairs Committee, Nominating Committee, Auditing Committee, Bylaws Committee, Publication Committee and Scholarship Committee. All committees are currently working committees. Membership on a committee, is on a volunteer basis, and varies from two members to fourteen members depending upon the scope of the committee. A questionnaire is sent to all new members of the district inviting them to participate.
- Many active members of the District work with local legislators on healthcare issues and will continue to work on behalf of all their colleagues and for the benefit of all their patients.
- Members are active on many committees and governance bodies at the State level in the MMS.
- The District has no problems recruiting leaders or delegates for the House of Delegates (HOD). All Delegate slots are currently filled. The Delegates are active, caucus prior to HOD meetings, and host an on-site caucus at HOD meetings.
- The District sponsors six to seven programs a year and membership dues fund four of these programs. For the past few years, all of these have been educational programs or seminars that have awarded continuing educational credits and have attracted between 100 and 200 participants.
- While the District is not organized around any specific hospital, it sponsors community outreach programs and partners with the hospitals and healthcare facilities within our District in programs such as the High School Doctor for a Day, Medical Ethics Seminar, Legislative Breakfast and Doctor Appreciation Day, etc.
- On December 12, 2001, the District held a "Bioterrorism" conference for over 200 healthcare providers. The program was well received, and fulfilled a void in the educational needs on a comprehensive program on biological bioterrorism.

Your District remains an active **local** medical society. Membership remains high, due to the active role of the membership on the Executive Committee and other committees and to the many programs offered.

The Hampden District Medical Society organization represents one united group and that group will unite you with colleagues who have the same concerns as you and give you an opportunity to voice those concerns at the **local** District level. Your Delegates are able to bring the District's resolutions and suggestions to the attention of the State Medical Society and to the other District Societies. **Local** members participate in the patient information and referral service provided by the office staff. Physicians who have recently started a practice may find this helpful in obtaining new patients.

At the present time, many forces are impinging on our profession. Organized medicine needs all physicians to stand together for the benefit of our patients and of our profession in these trying times. If you are not a member, please consider calling the District office at 736-0661 and joining in the preservation of superlative healthcare. If you are, recruit a colleague who is not, it will help our cause.

**James K.Wang, M.D., President**

**********

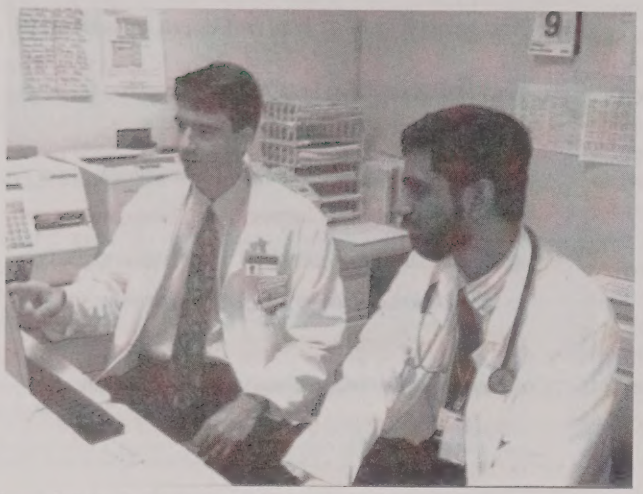
## Legislative Matters

Everyone knows the common saying: "Some you win, some you lose". Unfortunately, this last year has not been a winner either for physicians or for their patients. Not only did the protracted and exhausting battle over the budget push everything else off the table, but it also took its toll on funding for many health related programs. Among the casualties: the Medicare/Medicaid "cross-over" supplementary payment, which partially compensated physicians who take care of patients dually eligible for Medicare and Medicaid. Despite an intense effort by Massachusetts physicians and the Massachusetts Medical Society, efforts to restore this payment failed to persuade either the conference committee or the Governor. Nonetheless, elimination of this funding may well have a serious adverse impact on the access these patients have to medical services. It is important to keep this subject in front of our legislative representatives, both by personal contact and during larger group meetings, such as the Hampden District Legislative Breakfast later this spring. The Center for Medicare and Medicaid Services (CMS) turned out to be the other Grinch, when it announced a 5.4% cut in Medicare physician payments for 2002, the fourth in ten years. In response to a huge outcry from physicians and medical organizations, Senators Jeffords (I-VT) and Breaux (D-LA) introduced a bill, the Medicare Physician Payment Fairness Act of 2001 (S 1660), that would reduce the cut to 0.9%, and would direct the Medicare Payment Advisory Commission (MedPAC) to recommend changes to ensure adequate physician payments in the future. A similar bill was introduced in the House. Many congressmen and senators, including those representing Massachusetts, have expressed support for these bills. Unfortunately, this legislation was outshadowed by the wrangling over economic stimulus, and efforts to bring it forward before the Christmas recess were not successful. Therefore, continued communication with these representatives is essential if there will be any chance for this corrective legislation. Senators Kerry and Kennedy and Congressmen Olver and Neal must hear from us! Of major importance to all providers of medical care, but not yet fully on the radar screen of many providers, is that the Center for Medicare and Medicaid Services has published the final version of the patient privacy protection provisions required by the Health Insurance Portability and Accountability Act in April, 2001. These regulations, which will likely have a profound impact on medical practices, are scheduled to become effective on April 1, 2003, in the case of larger organizations; and April 1, 2004, for smaller groups. The Massachusetts Medical Society is gearing up to be able to provide assistance to physicians in the process of coming into compliance.

Stephen A. Metz, M.D.

# The Hospitalist Is In

BY JOSEPH BEDNAR



*Winthrop Whitcomb, M.D., left, Director of the Mercy Internal Medicine Program, with Resident, Mateen Dawood, M.D.*

It's 2 p.m. at a physician's busy office practice when a call comes in from a hospital in the neighboring city, one of the physician's patients has been brought in with acute chest pains and no doctor is available at the hospital to diagnose him. To treat that patient, the physician has a couple of options, neither of which is all that attractive. He can call in some tests and pay a visit to the hospital at the end of the day. Or he can go to the hospital immediately, wrecking his schedule and leaving a waiting room full of patients hanging.

However, thanks to the growing hospitalist movement, more and more physicians don't have to make either of those choices. A hospitalist is a physician who sees hospital patients exclusively, allowing hospitals to have at least one physician available at all hours of the day.

Mercy Medical Center pioneered the concept in Western Mass. in 1993, and Baystate Medical Center began its own hospitalist program this past August. That mirrors the overall growth of the field which boasted perhaps a few hundred physicians in 1995 and about 5,000 today, as many as work in the field of rheumatology.

According to the National Association of Inpatient Physicians, by the time the growth levels off the number of hospitalists will reach about 20,000, equal to the number of cardiologists.

The growth makes sense to both hospitalists and the office-based physicians who don't have to be stretched as far as they once were. And for patients who don't want to be left unattended any longer than they have to, the trend comes as very good news.

## A Sharper Focus

According to Dr. Winthrop Whitcomb, Director of the Mercy Internal Medicine Service, which is the institution's seven-member hospitalist program, the traditional physician model involves seeing patients in an office during the day and treating patients in the hospital after or before office hours. "It was difficult for physicians working in an office to take care of patients in the hospital," Whitcomb said. "To stay here, you've got to be really ill, so patients are sicker than ever and need care around the clock. That demands the presence of a physician around the clock."

Patients are comfortable knowing their needs will be taken care of and that the physicians are fluent with all the drugs and technology that exist in the hospital, he added. For many office-based physicians, relying on hospitalists has been a great benefit. "We were only able to come to the hospital for short visits. Now, quality care can be given instantly by the hospitalists," said Dr. Michael Solon, an internist with West Side Medical Associates, which refers patients to Baystate's four-member Hospital Medicine Program. "Our day at the office is less hectic now," he added. "Because we don't have to answer calls about our hospitalized patients during the day anymore, we can better focus on the treatment of our office patients."

In September, Mercy's MIMS program began accepting the hospital's first residents in about 30 years. Through a partnership with UMass Memorial Health System, one student at a time comes on board for a four-week stay among the hospitalists. "There are not a lot of places where residents can get experience with people who are career hospitalists," Whitcomb said. "They learn that this is an attractive career option. They're learning that it's difficult to take care of people both in the office and in the hospital. There tend to be few if any limits on their professional responsibilities when dealing with both office-based and hospital care. Being a hospitalist provides focus and some limits to their responsibilities."

One of those residents, Mateen Dawood, spoke with *The Healthcare News* during the final week of his stint at Mercy. He compared the hospitalist concept with an office-based physician whose patient faces a hospital crisis during the mid-afternoon hours. He might not actually see that patient until he checks tests results at the end of the day.

"The hospitalist will be there in the afternoon to check the results, and based on that, he might change the medicine or the dosage," Dawood said. "Everything happens in a shorter period of time than if the primary care physician takes care of the patient. "We spend more time with them, which is something the primary care physician might not have the time to do because he has to see so many patients before going to the office," he continued. "The patients are really satisfied with our care."

"If someone develops crushing chest pains at 3 in the afternoon and can't breathe, we can be there instantly," Whitcomb echoed. "A hospitalist can provide care on an as-needed basis to the patient as opposed to providing care when it's convenient to the doctor. And who wants to leave their patients at 3 in the afternoon to go to the hospital?"

## A Two-way Street

Whitcomb stressed that the trend toward more hospitalists is not just a hospital-based movement, but one that is also welcomed by many office-based practitioners. "More and more primary care physicians are choosing to remain solely in the office and give up their hospital responsibilities," he said. The reasons are many: greater predictability in schedule, greater focus, and the need to reduce lifestyle stress. Whitcomb said physicians have already lost much of their autonomy, prestige, and income, so lifestyle is something they want to salvage — and statistics reflect that need, as doctors, faced with the pressures of the career, tend to have higher rates of divorce, suicide, and substance abuse than the average person.

Hospitalists care for patients who have been referred by practices as well as those who arrive in the emergency room without doctors of their own. As far as the referrals go, communication between the hospital and private practices has been very strong, said Dr. Gregg Wolff, director of Baystate's hospitalist program. "With such a positive response from both the patients and private practices, we're looking to expand the program in the next six to 12 months," Wolff said. "We're also exploring the option of a hospitalist track for residents. They've really responded energetically to the hospitalist program."

Dawood can echo that sentiment at Mercy. He added that full-time hospital work is an attractive career option for many people starting out in medicine because their training tends to be more suited to hospital care. Whitcomb added that it takes years for doctors to adjust to the additional administrative aspects of running a private practice. "There's so much uncertainty in setting up a practice," he said. "There's more sanity to the hospitalist type of job." Dawood tends to agree, saying that after his training, he is more attuned to the hospital setting. "I'm really interested in working with them and seeing how they work, seeing what the issues are and what the lifestyle is like," he said. "Before I take the plunge, I'm dipping my toe into the water, so to speak."

Whitcomb noted that, despite the growth in the hospitalist movement, there is no shortage of primary care physicians; the main shortages in health care continue to affect nursing and specialties such as radiology, cardiology, and gastroenterology. For now, he said the primary care physician has a difficult role, and many welcome the relief that hospitalists provide.

### Patients in Mind

Baystate administrators say the Hospital Medicine Program is intended to improve the quality of care throughout the hospital, not just make the lives of primary care doctors easier. Therefore, Baystate's hospitalists collaborate with those from Riverbend Medical Group and Hampden County Physicians Associates (HCPA) to identify "best practices" and learn from each other. Both medical groups have two hospitalists working at Baystate.

"Being at the hospital full-time allows me to give continuous care to my patients," said Dr. Robert Goldberg, a hospitalist with Riverbend. "I can see patients more often, and I'm right there to talk with the patients' families."

In addition, said Dr. Britton Percy, a hospitalist with HCPA, "we don't have to worry about going back and forth from the office to the hospital. Our main focus is to care for our patients at the hospital. Giving medical care this way just makes sense."

Clearly, part of the hospitalist's role is to help patients understand that there is a good reason they're not seeing their everyday doctor when it comes to hospital care. Whitcomb said for most patients, that's a lesson most often learned through experience. "They're not always happy at first," he said. "But they see that the hospitalist is working with the recommendation of their primary care doctor, and they see the doctor is always there, coordinating care. And they come around."

The health care industry is coming around to embrace hospitalists as well, as the continuing growth of the field indicates. For both the office-based physician and the hospitalist, the movement has provided focus and a sense of relief. After all, physicians have enough crucial decisions to make in any given day without having to decide how to be in two places at once.

Reprinted with permission from Joseph Bednar from an article in "The Healthcare News", *A Growing Medical Field Makes Its Mark in Springfield.*

**********

**The Officers and Members of**
**The Hampden District Medical Society gratefully acknowledge a contribution From**

**Name**_____

**Address**_____

_____

☐ **$25.00** ☐ **$50.00** ☐ **$75.00** ☐ **Other**
**toward the Hampden District Medical Society Scholarship Fund**

*Hampden District Medical Society wishes to acknowledge the generous donation received from Dr. & Mrs. Robert Dann.*

## "Sarah"

**By James K. Wang, M.D.**

Given the events of September, we are shocked at what was done to us and afraid of what has and could still happen. It has changed the way we think, and it is changing the way we live. It makes us worry. Initially, it was difficult to continue practicing as usual. There was an overwhelming sense of apprehension. Yet, it was my practice that redirected my focus.

Following the attacks on September 11, much of the conversation with my patients included updates, theories and accounts of personal links with the attacks. Other patients seem just to want to be able to talk about it and their fears.

One particular patient had an appointment for a routine obstetrical visit. Amy was noticeably disturbed. Yes, the baby was moving fine, a lot in fact. She had no pains or early contractions. Her pregnancy remained uncomplicated. Things were going great at home and work. She was apprehensive about the attacks.

"What kind of world will my baby be born into? Have I done the right thing?" she asked.

I reassured her. Yes, we are a good world. Terrorists try to take away our sense of security and replace it with fear. But we should not let them. We shouldn't be too worried - things will be fine. But I wasn't so sure.

I wondered about what she had asked, "Have I done the right thing?" What kind of a question was that? Why should she have to feel that she made a mistake? Why did she have to feel guilt about nurturing a baby inside her?

"Have I done the right thing?" The pessimist says no - the world is a terrible place full of suffering and inequities. Our country is under attack and we have entered an ideological war with no foreseeable end. We are in a war where the enemy is deceptive and hidden and persistent.

"Have I done the right thing?" The optimist says yes – overall, the world is a good place with good people. Our country is strong, and we enjoy freedoms seen no where else in the world. Our resolve is strong, and good will persevere.

I thought about the day and the horrifying waves that rippled from the crashes. There were thousands of lives lost, taken by the evil deeds of other human beings. There were hopes lost; families' and friends' hearts crushed by the fear of missing loved ones. There were families lost, suffering from the deaths and injuries of their own blood.

"Have I done the right thing?" echoed in my mind as I watched the news, seeing the planes fly into the sides of the buildings, watching the flames turn into the gray smoke of the collapsing towers. I saw the flames and smoke pouring from the Pentagon, and the single crater in the Pennsylvania countryside.

I didn't know.

Later, I am at the hospital. A patient is in labor with her first child. She is in pain. We can help that, and do.

Finally, in the earliest of the morning hours, she delivers. The baby's eyes open as the head delivers and the first glimpses of light make the baby blink, as if it was waking after a long, restful sleep. The baby comes out, wet and warm and soft. The soft cries quickly become vigorous and vital as the infant takes its first breaths in its new world. As I dry her off, her hand grasps the towel and she won't let go. She is strong.

The umbilical cord dangles from the baby, still connected to her mother as I place her on her mother's belly. They are still one, connected by the cord that gave her life. The mother, embracing her baby still winking in the soft light of the room, kisses her and cries. The father, with moist eyes and shaking hands, cuts the umbilical cord with hesitant snips. He bends down and hugs his wife and his daughter, kissing each of them softly. In them, I see the hopes and dreams of a new family. I see the innocence of a newborn in the warm embrace of a new mother and father. I see the unconditional love of parents. In this room, at this moment, the answer comes to me.

Yes, Amy, you did the right thing.

# Member Questionnaire

The Hampden District Medical Society Executive Committee would like to encourage all members who are interested in becoming more involved in shaping our future, not to be shy and let us know.
***Share your ideas or your time or both.***

**Participation is the key to explore opportunities, which will make a difference in the lives of our patients, physicians and the practice of medicine. With videoconferencing technology available from Holyoke to headquarters in Waltham, having your voice heard is now as easy as making a phone call. Get involved, help create the future.**

***"A volunteer member organization is only as good as it's members make it."***

**Please indicate if interested in participating in any of the following District Committees/ Positions:**

- ☐ Executive
- ☐ Medico-Legal
- ☐ Medico-Religious
- ☐ Membership
- ☐ Nominations
- ☐ Public Health
- ☐ Auditing
- ☐ By Laws
- ☐ Publications
- ☐ Hampden Delegate: MMS House of Delegates
- ☐ District Trustee to the MMS Board of Trustees (must be a Delegate)
- ☐ Hassle Factor Committee

**Officer Positions:**

- ☐ President Elect
- ☐ Vice President
- ☐ Treasurer
- ☐ Secretary
- ☐ Assistant Secretary

**State Committees: District Appointed:**

- ☐ Legislation
- ☐ Tax Supported Medical Care
- ☐ Nominations

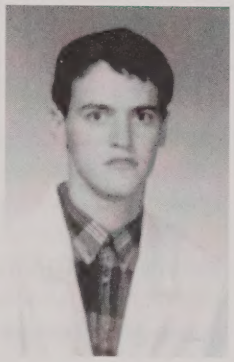
**State Committees: Committee members are appointed by the MMS President Elect from District submitted names.**
***There are 35 different committees. For a full list of opportunities to become involved in, contact Suzanne Skibinski at the Disitrict office. Presently Hampden District Members have appointments to the following committees.**

- ☐ Finance
- ☐ Geriatric Medicine
- ☐ Information Technology
- ☐ Managed Care
- ☐ Maternal & Perinatal
- ☐ Public Relations
- ☐ Sponsored Programs
- ☐ Student Health & Sports Medicine
- ☐ Violence
- ☐ Women in Organized Medicine
- ☐ Young Physicians
- ☐ Impaired
- ☐ Task Force on Physician Profiling

**State Positions:**

- ☐ Massachusetts AMA Delegate/Alternate Delegate
- ☐ Organized Medical Staff Section Representative (OMSS) (Hospital _____)

# The Humble Exchange



***Jonathan E. Abel, a third year student, has been named a Humanisn in Medicine Essay Contest Certificate of Merit Recipient by the Arnold P. Gold Foundation of Englewood, New Jersey. His essay was featured as one of the daily messages on the foundation's web site and is permanently stored in its Humanism Web Library.***

Dear Mom and Dad,
Hope all is well. I've been meaning to write to you about something that happened to me a few weeks ago. I can't seem to get it out of my mind; maybe talking to you will help.
It was a rainy Monday morning, and I had set out early to avoid the rush-hour traffic. I had to be in the clinic by seven in order to review the charts for the upcoming day. As I was driving, I kept thinking about my first two years of med school. As I've told you before, my clinical rotations have been a refreshingly different experience. This is what I'd been so anxiously awaiting - this is what my idea of real medicine is all about - being able to interact with patients. My basic science years were interesting, but they just seemed to lack that tangible human element. Remember how I felt overwhelmed with memorizing more details than there are stars in the sky?
By the time I pulled into the clinic, I started thinking about the medical skills that I'd acquired up you this point. I realized I still had a lot of things to learn. As one doc recently reminded me, I'm still a neophyte. I'd begun adjusting to the long 14-hour hospital days and had complete confidence in my preceptor. I consider him to be a role model in medicine and character. He really care about his patients. (We've got some things in common.)
My first patient was this elderly woman named Jean who came to the clinic with her husband. She didn't waste any time in telling me that I was the third doctor she had come to see. She wanted some answers. From their facial expressions it was obvious that they were extremely frustrated. Jean mentioned that her last doctor had not even taken the time to fully listen to her. She hoped that I wouldn't do the same. So, I simply listened.
Her situation was complicated. She had lots of problems. I was beginning to understand her frustration and realized that this wasn't going to be easy. After rapidly going over any disease patterns in my head. I turned to Jean and said, "I know you may not want to hear this, but your symptoms are complex and I don't know exactly what is going on." They stared at me in disappointment, For a few moments no one said anything.
I excused my self and went to tell my preceptor about my clinical findings. He immediately wanted to ask Jean some more questions. When he had finished his evaluation, a nurse came in the room to draw Jean's blood. My preceptor and I stepped outside the room to discuss what should happen next. Surprisingly, my preceptor, with all his years of experience and training, looked at me and said, "Jon, if this is not your first experience like this, you should know that there are just some things that medical science cannot solve." I was stunned. This wasn't the answer I was expecting. I hadn't been prepared for a situation like this. I'd always thought that if I didn't know the answer, then my preceptor would. Had we reached the limits of our medical knowledge?
What was I supposed to do? I didn't know exactly what to say. I slowly walked into the room and placed my chart on the desk. I'm not sure why, but I asked them if they'd like to pray. They looked at each other in disbelief, and then back at me and said, "Why not?"
I paused, took a deep breath and began praying. When I opened my eyes, I decided to look over my notes one more time. As I read the notes, I remembered hearing of a physician that had moved into town that might be able to help Jean. I told Jean that I would call him and set up an appointment for her.
Her mood seemed less tense and more peaceful. As she was leaving the exam room, Jean said in a gracious and humble voice, "Doc, thanks for listening today and for the 'good medicine'."
I didn't feel as if I'd offered any substantial medical solutions, just the guidance that I had learned from you and Dad. Maybe my "humanness" came through and encouraged this couple somehow. Do you think my feelings of inadequacy connected with their feelings of uncertainty?
It's sort of ironic, but I'm able to relate to my patients with just a listening ear, a prayer, and an honest answer. Maybe I'm learning more about "good medicine" after all, even from such humbling exchanges.
Well, I'm running a little late, but thanks for letting me talk to you about this. I look forward to being with you both at Christmas. Write back soon.
Love,
Jonathan
P.S. Please give Joshua and Jennifer a hug for me and send Nana June my new address.

*Reprinted with permission from "UHS-Communicator", The University of Health Sciences, College of Osteopathic Medicine

***Jonathan E. Abel is the 2001-2002 Hampden District Medical Society $1000 Scholarship recipient.***

**********

# HDMS ALLIANCE

*We have recently reactivated the **Hampden District Medical Society Auxiliary**, now referred to as the **Alliance;** the **Alliance** is comprised of the spouses of HDMS physicians. The goals of the organization are:*

*To help the HDMS whenever possible.*
*To offer social events so medical spouses can meet.*
*To participate in community health related projects.*
*To become informed on health related legislative issues.*

Please take a moment to fill in the form below and send it to the Society.

**CLIP and RETURN TO:**
Hampden District Medical Society
1111 Elm Street, Ste 22
West Springfield, MA 01089
Name:_____Phone_____

Address:_____

**I am interested in being a member of the HDMS Alliance** ☐

**********

# Alliance Fund Raiser Hosted

Mrs. Joan Asinas, President, hosted an Alliance Fund Raiser for the area women's shelters at her home on Thursday, November 15, 2001. This is the second year the Alliance has held a fund raiser to benefit the shelters. Guests included Nancy Ghareeb, President of the Massachusetts Medical Society Alliance and Judy Domescik, AMA Representative.
Fashions were presented by "Added Attractions". Hair design and makeup was by Maureen Bellucci and Associates.
Judy Domescik, AMA Field Director from Atlanta, presented Joan Asinas, Alliance President of HDMS, with an Alliance pin.
In the spirit of holiday giving, each attendee was encouraged to bring a "secret Santa" gift to be given to a woman receiving services through one of our local shelters. The generosity was overwhelming with items such as car seats, diapers, cosmetics, personal care items, gloves, hats and assorted clothing donated.
The evening was a tremendous success with good attendance and delicious desserts.

## WELCOME NEW MEMBERS

INTERNAL MEDICINE
*Steven D. Anisman*
*Howard N. Baker*
*John F. Brennan*
*Sheri D. Cheung*
*Jorge Fleisher*
*Reda H. Ishak*
*Jeanne D. Johnson*
*Alan A. Lareau*
*Claudia T. Martorell*
*Denzil M. Reid*
*Niloufar Shoushtari*
*Robert E. Trump*
*Elizabeth J. Welch*
*Jiuming Ye*
*Daniel J. Levy*

OB/GYN
*Kiersten L. Wilson*

PEDIATRICS
*Mary Alice Abbott*
*Angela F. D'Alessandro*
*Nancy Dunbar*
*Anne F. Josephs*
*Michelle Kinbrook*
*Gabriel Otterman*
*Clarice M. Staves*
*Elizabeth E. M. Boyle*
*David C. Harvey*
*Bonnie L Mathews*

PLASTIC SURGERY
*Glen S. Brooks*

GENERAL SURGERY
*Sabha Ganai*

RADIOLOGY
*William R. Patton*

EMERGENCY MEDICINE
*Iorom Grinlatas*
*Michael J. Moriarty*
*Thomas A. Brunell*

PULMONOLOGY
*Shamin Najeebi*

TRANSITIONAL YEAR
*Issam M. Almashharawi*

ANESTHESIOLOGY
*Ananth Kashika*
*Cliff C. Peda*

OPHTHALMOLOGY
*John A. Thayer*

OTOLARYNGOLOGY
*Isac L. Bloch*

## HDMS PROUDLY WELCOMES OUR PROFESSIONAL COLLEAGUES

**********

## SENIOR STATUS

*Jose Abrena*
*James H. Mahoney*
*Michael J. Levine*
*Lawrence Metz*
*George A. Pelletier*
*Strephen J. Zwirek*

***Congratulations on your Retirement!***

**********

***2001-2002 Scholarship Recipients Announced!***

**Hampden District Medical Society Scholarship - $1,000.00**

***Jonathan Able - Senior***
***University of Health Sciences College***

**Dr. Max & Ida Millman Scholarship Loan - $1,000.00**

***Ryan David Bassette - Sophomore***
***University of Massachusetts Medical School***

***Kevin J. Curran - Sophomore***
***Georgetown University School of Medicine***

***Kristina Marie Galarneau - Sophomore***
***University of Massachusetts Medical School***

***Hemant Gupta - Sophomore***
***University of Massachusetts Medical School***

***Congratulations and warmest wishes***
***for continued success***
***in your educational endeavors!***

**********

***We are saddened to report that three HDMS members have died since our last edition. Among them was a former District president, well known to many of us for his unique blend of banter, bluster, down-home sense, and erudition, and for whom Dr. Stoddard has submitted an epilogue of impressions.***

# *Obituaries*

### Munir H. Abbasy, M.D.
### August 27, 1945 - July 29, 2001

Munir Haque Abbasy, M.D., 55, chief of the division of neurosurgery at Baystate Medical Center since 1993, died after his private plane crashed into a building at Barnes Municipal Airport in Westfield. He was a member of the Association of Neurological Surgeons, the Pediatric Section of the AAN/CNS, the Massachusetts Neurosurgical Society, the Congress of Neurological Surgeons, the Massachusetts Medical and Hampden District medical Societies. He was a director of the Longmeadow Montessori School.

## Frank Sirulnik, M.D.
### July 30, 1909 - November 2, 2001

**Frank Sirulnik,** M.D., 92, a long time general practitioner from 1939- 1987, died at home. A Fifty-year member of the Hampden District Medical Society and the Massachusetts Medical Society, Doctor Sirulnik was also a member of the American Physicians Art Association. He served as Treasurer for the Springfield Art League and National President of the Physicians Art Association. His paintings were accepted in many art shows receiving many awards.

**********

## J. Gordon Rich, M.D.
### May 17, 1934 - November 23, 2001

**James Gordon Rich,** M.D., 67, died at home after a long battle with cancer. A Past President of the Hampden District Medical Society, Doctor Rich served as chief of orthopedic surgery at both Baystate and Mercy Medical Centers and as Director of Rehabilitation Services at Baystate. He was a Major in the United Stated Army Medical Corps, serving during the Vietnam War.

## How Goes the Battle?

Years ago Gordon was contemplating buying a horse for his daughter. He knew of my wife's long interest in and love for horses, so he asked her about the wisdom of such a move. She advised him that was the best way to keep a girl off the streets. Thereafter, he would always greet me with "How are the hay burners?"

During his Presidency of Hampden District Medical Society in 88/89, he exhorted "the troops" as he would say, to get involved in the workings of the Society, to take a continuing interest. "This isn't a cavalry charge, but a day-to-day infantry action. The trenches aren't romantic, and are frequently dirty and smell bad, but that is where the action is." One of the actions at that time was the plight of the "Springfield 24"- Obstetricians and Gynecologists being sued by the Attorney General. President Gordon Rich was instrumental in helping organize a Legal Defense Fund to help his beleaguered colleagues.

He disdained legislative efforts to control medicine, and referred to them as "Legislative Mumbo Jumbo". I loved to call him Mr. President just to see him squirm a little between being a part of the establishment and concern for his fellow man.

Like many surgeons, Gordon had his compulsive quirks. He had his own set of instruments about which he was very particular, "Don't rattle them around; Don't chip them", and a list of instruments for each case. "Do you have this?" Yes, Dr. Rich. "Do you have this?" Yes, Dr. Rich. "You know I have to go over this list, or I feel I'm not doing my job." If something was missing, Ruthy the ortho tech, or the nurse would break the bad news, "Dr. Rich, I'd rather eat a bug, but I have to tell you this....."

He often carried a black doctor's bag with him, which he would prop open with a notched stick, then would pull out a brown paper bag containing his lunch!

He always asked about your children, and if one was in trouble- "Yep, that's what being a Mom or Dad is all about".

He cared about you. One nurse related the incident of an extraordinarily painful reaction to a thorn prick in her thumb. Seeking relief in an emergency room and subsequently from five physicians, the two aspirin trick did not work. Gordon said, "Oh you're allergic to the protein in the thorn", treated her and she got better.

Being an Indiana Hoosier, his folksy quips set him apart from the rest of us, and endeared him to many. When challenged, he would shift his weight from one foot to another saying, "I haven't had this much fun since the hogs ate my brother!" or, "Every boy needs a Mother; I need two!" or, "I'm the heart and soul of flexibility." But, when things were not right....."Get me someone in here who knows what they're doing!!!"

Gordon had names of endearment for the techs and nurses who worked with him, based on their origin, name or job:

Origin: Polish Princess, Worcester Flyer

Name: CB, Pearly Gates, Princess Patty, Luscious Linda, Annie Bandannie, Buttercup, Lovely Mrs. O'Leary, the femme fatale of the over 40 set.

Job: Pod Mother, Tree Queen, Trinkle Queen

Of course this all came home to roost when at a certain retirement party he was introducing these ladies to his wife Audrey, and they one by one came up, shook hands, and said, "I'm sorry".

He held hospital administrations, or OR disorganization, in low esteem saying, when having a particularly difficult time: "I love to suffer, I love it so much cause I do it so well." and "It's so wonderful to commune with the Local Lovelies at the Marvelous Mercy." or when referring to the other hospital, calling it "Baystate Big House".

As we have seen, Gordon could be folksy with titles of endearment. He also could be acerbic (sour, harsh, severe), not afraid of leaning against the wind, and very serious about his convictions.

A choir member in my church said to me last Sunday she was sorry to read of my friend's death, but she was aghast at his obituary. I smiled saying it was vintage Gordon. Who else would say, "He patched up the human wreckage that resulted from that unfortunate conflict." (Viet Nam), or "He was an advocate of the interest of private practice physicians and their patients. In this capacity he sometimes crossed swords with hospital administrators, health plan administrators, politicians and the like." "As the socio-economic environment of the practice of medicine became increasingly more difficult, Dr. Rich engaged in sporadic guerrilla warfare against the forces of evil and darkness who wished to denigrate, diminish and demean the healing profession to which he devoted his working lifetime."

The nurses referred to him as "The Great Gordo". I'll refer to him as "Mr. President". The Hay Burners and I will miss you!

All of us in surgery know what a Bovie unit is- an electro coagulator used to stop bleeding- sometimes with a spark or sizzle.

Gordon said, "When I get to the Pearly Gates, I'll ask St. Peter for a Firestick!" I hear that St. Peter said, "You want a wha-a-a-t?"

*Philip B. Stoddard, M.D.*

Many thanks to: Carol Davis, Patty Lake, Ann Malvezzi, Ginger Massey, Art McGuire, Linda Nummy, Ann O'Leary, Nancy Quill, Erik Rosenthal, Carol Stoddard, Denise Sullivan, Kay Tetherly, and Hampden District Medical Society

# HAMPDEN DISTRICT MEDICAL SOCIETY

## Winter Meeting

## Recognizing and Enhancing Quality Care: The AMA at Work"

***Presented By:***

***Yank D. Coble, Jr., M.D.,*** *American Medical Association President - Elect*

## Tuesday, January 22, 2002

***1 Hour in Category 1 Credit Risk Management Study, for Physicians***

***Announcement of the***

**"2002 Hampden Senior Volunteer Physician of the Year"**

*CME Program Jointly Sponsored by the*

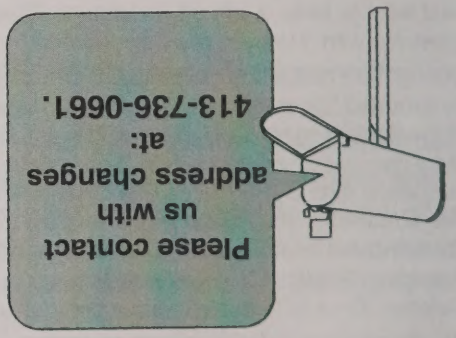
**HAMPDEN DISTRICT MEDICAL SOCIETY and MERCY MEDICAL CENTER**

**Place: Best Western Sovereign Hotel**

**Route 5, West Springfield**

**Time: 6:30 p.m.**

*The Spring edition of "The Hampden Hippocrat" will be published in April 2002. Articles, announcements, interesting stories and information to share with HDMS members may be submitted for publication consideration to:* **"The Hampden Hippocrat" Editor, HDMS, 1111 Elm Street, Suite 22, West Springfield, MA 01089-1540 or e-mail your material to: hampden@massmed.org**




The Hampden Hippocrat Newsletter
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, Ma 01089-1540

Presort Standard
U.S. Postage
PAID
Springfield, MA
PERMIT # 1128